

ATTACHMENT 1
MINK FIRST THINNING TECHNICAL PROPOSAL
(Additional Pages may be added as Needed – Include Company Name on additional sheets)

1. Contractor Information: Company Name of Contractor: _____ Mailing Address of Contractor: _____ _____ _____ Telephone No. of Contractor: _____ (office) _____ (cell/mobile) E-mail Address of Contractor: _____ (if applicable)	Tax I.D. # _____ DUNS # _____
2. Type of Business ____ Company ____ Co-Partner ____ Corporation ____ Individual ____ Non-profit	
3. Description of Services provided by Contractor: _____ _____ _____	
4. Years of experience in this line of work as a prime contractor: _____ Years 5. Years of experience in this line of work as a sub-contractor: _____ Years	
6. List relevant projects performed by Contractor in the past 3 years: a. Project (Location): _____ Contract Amount \$ _____ Period of Performance: _____ Description of Services (i.e. type of logging, equipment used, tasks performed, etc.) _____ _____ _____ Name, address, and telephone number of Principal party to the Contract: ____ (office phone) _____ ____ (cell phone) _____ _____ Name, address, and phone numbers of Subcontractors: ____ (office phone) _____ ____ (cell phone) _____ _____ Was the work completed within the required time period? ____ Yes ____ No Explain reasons for not completing work within required time period: _____ _____	

b. Project (Location): _____

Contract Amount \$ _____ Period of Performance: _____

Description of Services (i.e. type of logging, equipment used, tasks performed, etc.)

Name, address, and telephone number of Principal party to the Contract:

_____	(office phone)_____
_____	(cell phone)_____
_____	_____

Name, address, and phone numbers of Subcontractors:

_____	(office phone)_____
_____	(cell phone)_____
_____	_____

Was the work completed within the required time period? ____ Yes ____ No

Explain reasons for not completing work within required time period:

c. Project (Location): _____

Contract Amount \$ _____ Period of Performance: _____

Description of Services (i.e. type of logging, equipment used, tasks performed, etc.)

Name, address, and telephone number of Principal party to the Contract:

_____	(office phone)_____
_____	(cell phone)_____
_____	_____

Name, address, and phone numbers of Subcontractors:

_____	(office phone)_____
_____	(cell phone)_____
_____	_____

Was the work completed within the required time period? ____ Yes ____ No

Explain reasons for not completing work within required time period:

7. Plan of Operation for accomplishing this project:

Timber Harvesting Work Items

Item	Start Work Date	# of Days to Complete	Contractual Work Dates	Fire Control Equipment
Timber Harvesting				
Prehaul Rd Mtnc				
Erosion Control				

Field Supervisor: _____ Phone #: _____

Subcontractor Information:

item	Name	Address	City	State	Years of Experience
Timber Harvesting					
Prehaul Rd Mtnc					
Erosion Control					

Stewardship Work Items

Item #	Work Activity Description	Start Work Date	# Days to Complete	Equipment
001	Road Restoration FSR 307			

Field Supervisor: _____ Phone #: _____

Subcontractor Information:

Item #	Name	Address	City	State	Years of Experience
001					

8. Quality Control Plan:

Timber Removal

Work Activity	Frequency of Inspection	Inspector	Remedy for Unacceptable Work
Timber Harvesting			
Prehaul Road Mtnce			
Erosion Control			

Stewardship Work Items

Work Activity	Frequency of Inspection	Inspector	Remedy for Unacceptable Work
Road Restoration FSR 307			

9. Locality of Workforce:

Primary Contractor - Number of employees: _____

Number from Western Louisiana (Natchitoches, Rapides, Sabine, Vernon, and Winn Parishes): _____

Number from North Louisiana/East Texas (Greater than 60 miles from Contract Area): _____

Number from outside North Louisiana/East Texas area: _____

Subcontractor – Number of employees: _____

Number from Western Louisiana/Eastern Texas (Natchitoches, Rapides, Sabine, Vernon, Winn and Desoto Parishes): _____

Number from North Louisiana/East Texas (Greater than 60 miles from Contract Area): _____

Number from outside North Louisiana/East Texas area: _____

10. References:

Please have someone from your past projects fill out and return the enclosed Attachment 2 regarding your past performance by faxing the completed form to Holly Morgan by **COB November 22, 2016** (318) 473-7117 or emailing to hmorgan@fs.fed.us.

ATTACHMENT 2
PRESENT/PAST PERFORMANCE QUESTIONNAIRE

*You have been selected to provide information on the Contractor named in Section A. Please complete Section B and the attached questionnaire and fax attention of Holly Morgan at (318) 473-7117 by **COB on November 22, 2016**. This form may also be emailed to hmorgan@fs.fed.us*

SECTION A: CONTRACTOR INFORMATION

1) Contractor's Name and Address: _____

2) Point of Contact: _____

3) Phone Number: _____

4) Contract Number: _____ Contract Type: _____

5) Project Title: _____

6) Period of Performance: _____

7) Brief Description/scope of services: _____

8) Authorization is hereby granted to provide the information requested in SECTION B of this questionnaire.

Signature of Authorized Contractor Representative

Date

Printed Name of Authorized Contractor Representative

Title

SECTION B: RESPONDENT INFORMATION

A. Name: _____

B. Position: _____

C. Telephone No: _____ FAX No: _____

D. Address: _____

E. Relationship and Time Involved with Contractor: _____

F. Date Questionnaire completed: _____

CONTRACTOR PERFORMANCE QUESTIONNAIRE

	EXCELLENT E	ACCEPTABLE A	NOT APPLICABLE NA	MARGINAL M	UNACCEPTABLE U
	Performance Element				Rating
1.	Working relationship with your Company				
2.	Experience in performing work required				
3.	Technical abilities of managers or supervisors				
4.	Knowledge of industry standards or government regulations				
5.	Provision and maintenance of operational equipment during the contract				
6.	Quality of contractor's personnel				
7.	Required personnel were available and ready to work daily				
8.	Record-keeping was accurate and timely				
9.	Compliance with Environmental/Safety/Health/Security requirements				
10.	Work was started and completed on time				
11.	Quality assurance was maintained at all times				
12.	Contractor's inspections were conducted in a timely manner				
13.	Contractor corrected inconsistent work in a timely manner				
14.	Progress of work				
15.	Overall performance of contractor				
16.	Additional Remarks				

Signature of Respondent

Date

Return to Holly Morgan by FAXing both pages to (318) 473-7117 or emailing hmorgan@fs.fed.us